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LEST AVAILABLE COF

	PA	T APPLI		N FEE DET	1 RECORD		Application or Docket Number				
_		С		S FILE() – PART I	Column 2)	SMALL ENTITY		OR	OTHER TIMN R SMALL ENTITY	
FOR			NUMB	BER FILE	NUM	BER EXTRA	RATE	FEC		RATE	FEE
BASIC FEE (37 CFR 1.18(a))									OR	T.V.I.C.	
TOTAL CLAIMS (37 CFR 1.10(c))				minus	20 .			\$	1		<u> </u>
16	DEPENDENT CL	AIMS					X \$•		Off	X \$•	ļ
1-0	17 CFR 1.10(b))			minus	3 ,		X 1	<u> </u>	OR	x s	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ 5		OR	41	
* If the difference in column 1 is less than zero, enter *0* in column 2							TOTAL		Ott	TOTAL	
i	(CLAIN	IS AS AM	ENDE	D – PART II						
_	-		olumn 1)		(Column 2)	(Column 3)	SMALL	SMALL ENTITY			R THAN ENTITY
AMENOMENT A		RE	MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	HX.1E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	(3) CON LIGOR		\cup	Minus	C	<i>//</i>	x 3 25.		OR	x , 50.	
l u	Independent (37 CFR 1 1476))	. 6	\mathcal{L}	Minus	· ·	٠ ر	x s /00 .		OR	x 5 200	
A	FIRST PRESEN	HOTALI	Of MULTIPLE	E DEPENC	SENT CLAM (37 C	+ 5 =		OR OR			
					 	•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
L	(Column 1)			(Column 2) ((Column 3)		-			
AMENDMENT B		REI	LAIMS MAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA: FEE
	Total			Minus		:	x \$ =		e	.,,	
	Independent (37 (7.9 v 16/6)):	†·		Minus	•••	1 -		 	OR	× \$ =	
AM	FIRST PRESEN	or wultiple	DEPEND	ENTOLAN (37 C	3 5=	· ·	OR) . S :			
	<u> </u>						TOTAL ADD'L FEE		ΦE OF	TOTAL ADDL FEC	
			uma 1)		(Column 2)	(Column 3)					
AMENDMENT C		REM AI	AIMS IAINING TER IOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE
Σ	Total concressions	•	-	Minus	••		x \$=		OR	λ1 =	
N N	independent (3) (14) (Golf	-		Minus		-	X \$ =				
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT QLAM. (37 CFR 1 16(0))						+ 5 =		OR OR	* \$;	
							TOTAL		,	TOTAL	
							ADD'U FEE		Oti	ADDIFEE	

If the entry in column 1 is less than the entry in column 2, while it in column 3.

If the Thighest Number Previously Paid For IN THIS SPACE is less than 20, enter '20'

If the Thighest Number Previously Paid For IN THIS SPACE is less than 3, enter '3'

This Thighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate havin column 1.

This color to not information is required by 37 CFF 1.16. The information is required to obtain or retain a benefit better outlife which is to file (and by the USFTO to meets) an application. Confidentiality is governed by 35 U.S.C. 172 and 37 CFF 1.14. This collection is estimated to take 17 minutes to complete including gathering, prehange and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Credit information Officer, U.S. Patent and Trademark Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3